| Work Orden | | | | *768 | 360* | | | | | | | Page 1 |
|---|---------------------------------------|-------------------------------------|--------------------------------|--------------------------|-----------------------|--------|--------------|---------------|---------------|-------|----------------|----------------|
| Item ID: Revision ID: | D3281-4L08 | | | Accept | *N900 | 040 | 1100 |)* ፡ | Setup S | | *N: | S1* |
| Item Name: Start Date: Required Date: Reference: | Floor Protector 22/11/2011 06/12/2011 | Start Qty: 4.00 Req'd Qty: 4.00 | *4* *4* | | Cust Item Customer: | ID: | | | | Stop | *N: | S2* |
| Approvals: | Process Pla | n: <u> </u> | Date:\\\\\ | 22 Tooling: | D | ate: | _ | F | • | Start | *N | R1* |
| | QC: | | Date: | | D | ate: | | | S | Stop | *N | R2* |
| Sequence ID/ Work Center II |) | Operation Description | | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | | eject umber | Insp. Stamp |
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| D3281 | Rev | F | | | | | | | | | | |
| *1 \\ \tag{*1} \\ \tag{*2} \\ \tag{*3} \\ \tag{*4} \\ | chine | HAND FINISHING TH Memo Cut Blanks | | 0.00 | | | | ×4_ | | | | Me ulidoa |
| 105 | | Dry Material | | 0.00 | | | | | | | | . 0 |
| *105* HandThermo Hand Finishing Ther | moforming | Memo Dry Sheet a | as per QS1022 POLYCAI Ĵ40°F | 0.00 RBONATE | | | | *4 | | | | 11/18/08 |
| | | Time IN: | 4:00 pm 2:00 am | <u>1</u> 1/12/0 % | | | | | | | | · |

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| W/O: | | | V | ORK ORDER CHAN | IGES | | | | | |
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| DATE | STEP | PRO | CEDURE CH | ANGE | | Ву | Date C | ?ty ∣ c | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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| Part No | : | PAR #: | Fault Cat | tegory: | NCR | l: Yes I | No DQA:_ | | Date: | |
| | R | esolution: | Disposit | on: | QA: | N/C Clo | sed: | | Date: _ | |
| NCR: | | \ | WORK ORI | DER NON-CONFORI | MANCE | (NCR) | | | | |
| DATE | STEP | Description of NC | | | ection B | Cian 0 | Verificati | | \pprovai | Approval |
| | SILF | Section A | Initial Chief Eng | Action Description Chief Eng | n | Sign & Date | Section C | 7 | Chief Eng | QC Inspector |
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| Work Orde | | | | *768 | 360* | | | | | | | Page 2 |
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| Revision ID: | D3281-4L08 | | | Accept | *N900 | 040 | 100 |) * s | Setup S | tart Stop | | S1* S2* |
| Start Date: Required Date: Reference: | 22/11/2011 06/12/2011 | Start Qty: 4.00 Req'd Qty: 4.00 | *4 *4 | | Cust Item I | ID: | | | | | 1 4 | |
| Approvals: | | n: | | Tooling: SPC (Y/N): | | ate: | | F | | tart Stop | *N *N | R1* R2* |
| Sequence ID/ Work Center ID |) | Operation Description | | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | | Reject Number | Insp. Stamp |
| *110* Thermoform Thermoforming Maci | hine | THERMOFORMING M. Memo Thermoform Dwg. Rev Folio Rev | as per Dwg. D328 | 0.00 1 and Folio FTA 010 | | | | x4- | | | | 11/12/08 |
| *120 *120* QC Quality Control | | QC2- Inspect parts off management | achine FAI/FAIB | 0.00 | | | | ¥ ′ (| | | | 1/12/08 |
| 130 *130* Thermoform Thermoforming Macl | hina | HAND FINISHING THE Memo | RMOFORMING | 0.00 | | | | <u>x 4</u> | | | | |

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| Part No | : | PAR #: | Fault Cat | egory: | _ NCR: | Yes N | lo DQA:_ | | _ Date: _ | |
| | Re | esolution: | Dispositi | on: | _ QA: N | /C Clo | sed: | | _ Date: _ | |
| NCR: | | | WORK ORE | DER NON-CONFORM | ANCE (| NCR) | | • | | |
| * D'4 TE | 0750 | Description of NC | | | ion B | | Verificati | on | Approval | Approval |
| DATE | STEP | Section A | Initial Chief Eng | Action Description Chief Eng | , , | Sign & Date | Section 0 | | Chief Eng | QC Inspector |
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| Work Orde | | | | *768 | 360* | | | | | | Page 3 |
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| Item ID: Revision ID: Item Name: | D3281-4L08 | | | Accept | *N900 | 1040 | 100 | ገ* | Setup Sta | 1.71 | S1* |
| | 22/11/2011 | Start Qty: 4.00 Req'd Qty: 4.00 | *4* *4* | | Cust Item Customer | | | | | · "N | 57" |
| Approvals: | • | n: | | _ | | Date: | | j | Run Sta Sto | | R1* R2* |
| Sequence ID/ Work Center II 140 *140 *QC Quality Control |) | Operation Description QC2- Inspect parts off n Memo | achine FAI/FAIB | Set Up/ Run Hours 0.00 | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp Stamp |
| *150 *150* QC Quality Control | | QC5- Inspect part compl | eteness to step on W/O | 0.00 | <i>ع</i> ابر | | | (49) | | | - |
| *160 *160* Packaging Packaging | | Packaging Memo | | 0.00 | 7 | T | 7 | 40) 108 | SP 57 | 11-12 |)(7) |

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| | R | esolution: | Disposition | າ: | _ QA: N/C Clo | sed: | Date: _ | |
| NCR: | | \ | WORK ORDI | ER NON-CONFORMA | ANCE (NCR) |) | | |
| DATE | OTED | Description of NC | | Corrective Action Section | | Verification | Approval | Approval |
| DATE | STEP | Section A | Initial Chief Eng | Action Description Chief Eng | Sign & Date | Section C | Chief Eng | QC Inspector |
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| Work Ord November-22-1 | | | | *768 | 360* | | | | | | | Page 4 |
|---|----------------------------|---|--------------------|------------------------------|---------------------------|------------|--------------|--------------|------------|---------------|------------------|----------------|
| Item ID: Revision ID: Item Name: | D3281-4L08 Floor Protecto | | | Accept | *N900 | 040 | 100 |)* | Setup | Start Stop | 1/1 | S1* S2* |
| Start Date: Required Date Reference: | 22/11/2011 : 06/12/2011 | Start Qty: 4.00 Req'd Qty: 4.00 | *4* *4* | | Cust Item II Customer: | D: | | | | | | |
| Approvals: | Process Pla | n: | Date: | Tooling: SPC (Y/N): | Da | | | | Run | Start Stop | *N *N | R1* R2* |
| Sequence ID/ Work Center I 170 *170* QC Quality Control | D | Operation Description QC21- Final Inspection - Memo | Work Order Release | Set Up/ Run Hours 0.00 | Tool ID | Tool# | Plan Code | Accep Qty | t Re Qt | - | Reject Number | Insp. Stamp |

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| Part No | : | PAR #: | Fault Cat | egory: | NCR: Yes | No DQA : | · | _ Date: _ | |
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| NCR: | | V | VORK ORE | DER NON-CONFORMA | NCE (NCR |) | | | |
| | | Description of NC | | Corrective Action Section | | Verifica | tion | Approval | Approval |
| DATE | STEP | Section A | Initial Chief Eng | Action Description Chief Eng | Sign & Date | Section | | Chief Eng | QC Inspector |
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Picklist Print

November-22-11 10:56:27 AM

Work Order ID: 76860

Parent Item Name: Floor Protector, Aft RH

76860

Parent Item:

D3281-4L08

D3281-4I 08

Start Date: 22/11/2011

Required Date: 06/12/2011

Start Qty: 4.00

Required Qty: 4.00

Comments:

IPP Rev. A 10.02.24 New Issue LL

Add Step 105 Dry Material 10/04/21 DL

Ipp Rev. B

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | ~ • | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------|-------------|--------------|---------------|----------------|--------|
| MLEXS.118-90318-08 | | Purchased | No | | | | sf | 1,802.424 | | 21.05263 | | | |
| *MI FXS 1 | 18-903 | 18-08* | | | | | | | ** | | | | NC |

Lexan Sheet

Loc Code Location Loc Qty therm 1802.424621 113127 1802.42462

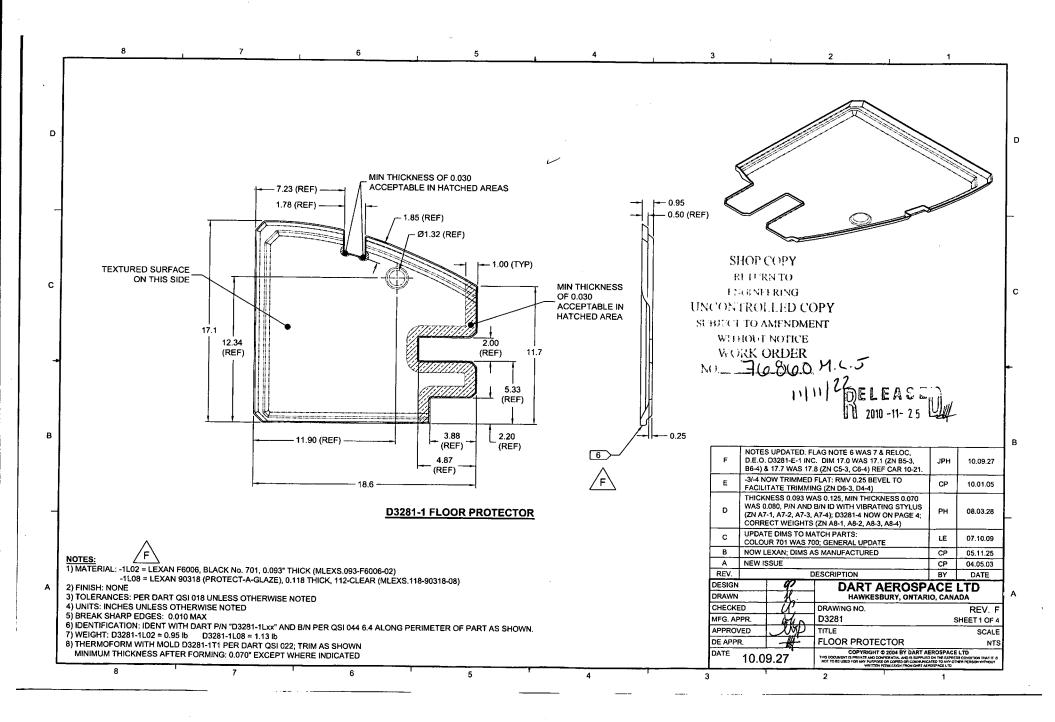
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Page 1

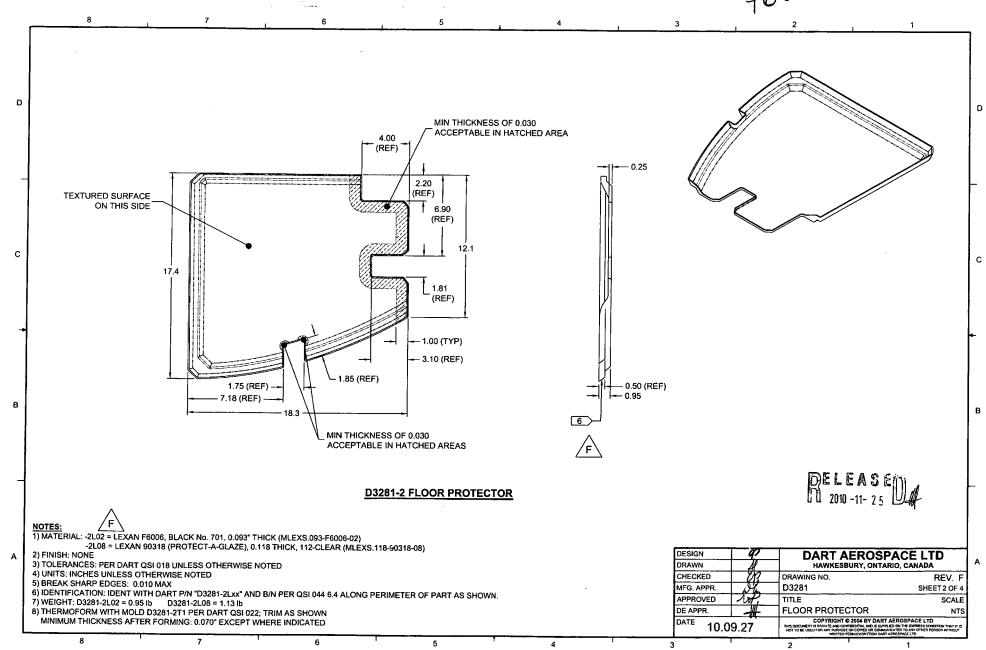
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| NCR: | | | WORK ORI | DER NON-CONFORMA | NCE (NC | R) | | | |
| DATE | STEP | Description of NC | | on B Sign | | cation | Approval | Approval | |
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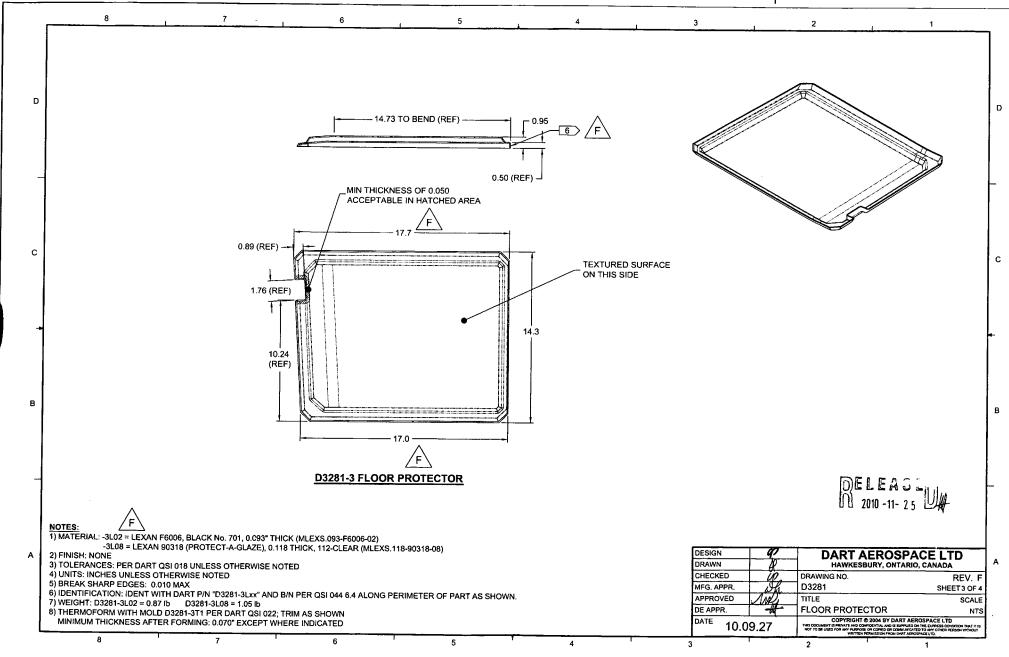


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| NCR: | | | WORK OR | DER NON-CONFORM | IANCE | (NCR) | | | | | |
| DATE | STEP | Description of NC | 6 | | | ction B Verification Section C | | | Approval | Approval | |
| DAIL | SIEP | Section A | Initial Chief Eng | Action Description Chief Eng | | Date | Section C | Chief Eng | QC Inspector | | |
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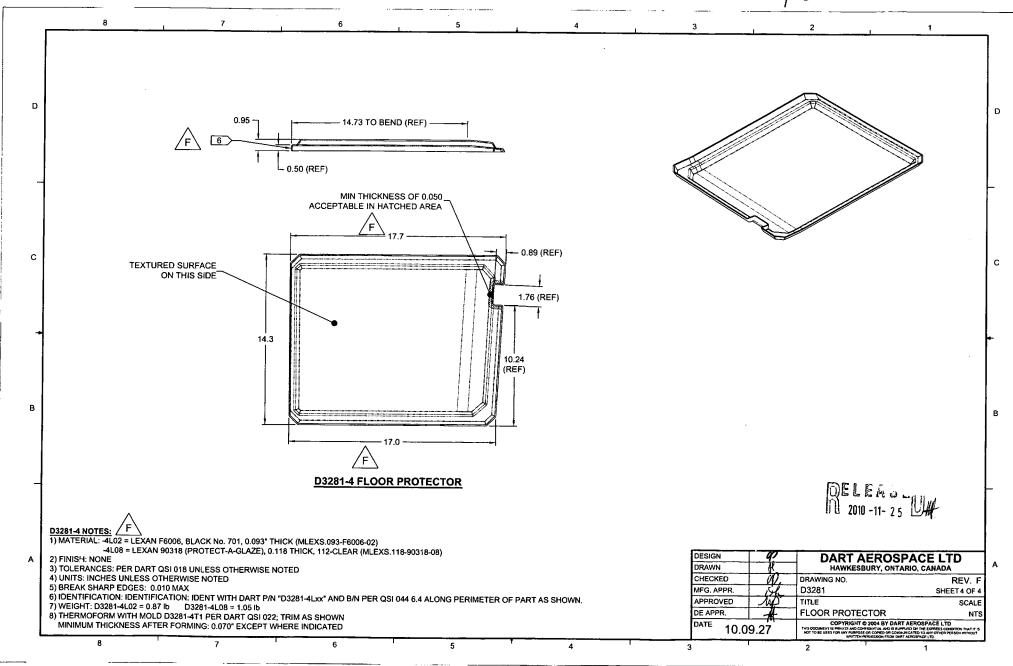


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| Part No: PAR #: | | | | | | | | | | |
| _ | Re | esolution: | Disposition: QA: N/C Closed: Date: | | | | | | | |
| NCR: | | | WORK ORE | ER NON-CONFOR | MANCE | (NCF | (1) | | | |
| DATE | STEP | Description of NC Section A | Corrective Action Section Initial Action Description Chief Eng Chief Eng | | Section B | Sign 8 Date | | cation on C | Approval Chief Eng | Approval QC Inspector |
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| | | Description of NC | | Corrective Action Section B | | | Verific | cation | Approval | Approval | | | | |
| DATE | STEP | Section A | Initial Action Desc Chief Eng Chief Eng | | otion Sign & Date | | Section C | | Chief Eng | QC Inspector | | | | |
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| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | | |
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| | | Description of NC | | Corrective Action Section B | Verification | Approval | Approval | | |
| DATE | STEP | Section A | Initial Action Description Sign & Date | | Section C | Chief Eng | QC Inspector | | |
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| DART AEROSPACE LTD | Work Order: | 76860. |
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| Description: Floor Protector, Aft RH | Part Number: | D3281-4 |
| Inspection Dwg: D3281 Rev: F | | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

THERMOFORMING SECTION

| Description | Accept | Reject | Method of Inspection | Comments |
|---|--------|--------|-------------------------|----------|
| Inside Radii less than 0.1875" | V | | | |
| Shape Definition | | | | |
| Texture Retention | | | | |
| Material imperfections such as bumps, cracks, voids, scratching | | - | | · |
| Measured by: | 7 | | Date: | 11/2/08 |

TRIMMING SECTION

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|----------------------|-----------|------------------|--------|--------|----------------------|----------|
| 17.7 1 Sh | +/-0.100 | 17.625" | | | TA 9E DL-01 | |
| 17.1 | +/-0.100 | 17.0 " | | | TAPE DL-01 | |
| 14.3 | +/-0.100 | 14.25" | | | TAPE DL-01 | |
| 0.95 | +/-0.030 | 0,972" | | | Ven D2-02 | |
| 0.050 | Min | 0.085" | | | CALTHOI | |
| 0.070 | Min | 0.108" | | | CATE THOOT. | |
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| Measured by: Sh | Date: // | 12/14 |
|-----------------------|--------------|-------|
| Audited by: | Date: u // z | 1/14 |
| Preliminary Approval: | Date: | |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------------|------------|----------|
| Α | 08.02.28 | New Issue | KJ/DL | |
| В | 08.04.16 | Dimensions updated per Dwg Rev D | KJ/DL | |
| С | 10.09.01 | Dimensions updated per Dwg Rev E | KJ . | 111 |
| D | 11.06.21 | Dwg Rev updated | KJ 👯 | |